

Municipal Environmental Associates, Inc.

Consulting Engineers
Finore Building — Bethlehem Pike
P. O. Box 627
Spring House, Penna. 19477
Phone 215 628-2973

March 10, 1982

U.S. Environmental Protection Agency
6th & Walnut Streets
Philadelphia, PA 19106

Re: East Coast Chemical Disposal, Inc.
Permit Application
Your letter of March 3, 1982

Attn: Gil Horwitz

Gentlemen:

Part "A" Application is amended as per your request and is enclosed.

Part "B" information has been answered and is on file with EPA. See the following:

1. Section 122.25 (a) General Information
(See page AD 1 to 4 and Appendix 1 & 2)
2. Contingency Plan
Local agencies listed on C-2.
PA - DER is contacting these agencies.

Section 122.25 (b) Specific Information Requirements (A) (B) (C) (D) are found on PP-4 and I-2, (E) PP-4, B-3, D-8, C-2. (ii) Pages I-3, Appendix 2 and 3, B7 and 8; (iii) Page I-3.

Section 122.29 RCRA Permit Conditions - Page PP-4 Appendix 2 and 3.


Should you have further questions, please call.

Sincerely yours,


Miles B. Potter, P.E.

MBP/fr
Encl.

cc: East Coast Chemical Disposal, Inc.

*I've amended PP-4 to make it
easier to find pumps.*


FOR OFFICIAL USE ONLY

II. FIRST OR REVISED APPLICATION

A FIRST APPLICATION (place an "X" below and provide the appropriate date)

B. REVISED APPLICATION (place an "X" below and complete Item I above)

III. PROCESSES – CODES AND DESIGN CAPACITIES

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

- | PROCESS | PRO-
CESS
CODE | APPROPRIATE UNITS OF
MEASURE FOR PROCESS
DESIGN CAPACITY |
|---------|----------------------|--|
|---------|----------------------|--|

TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET.	A
HECTARE-METER.	F
ACRES.	B
HECTARES.	C

S		T/A	C	
C	DUP		I	
T		13	14	15

EPA Form 3510-3 (6-80)

III Facility Layout - Details

Each storage area is designed to hold a maximum of 144 drums of 50 gallon capacity (Appendix 2 and 3). Floors for the storage area slope at a rate of 1/8 inch per foot to a spill retention basin of 96 cubic feet. Drums will sit on a four (4) inch high pallet type platform. Storage areas will be diked using 8" x 8" x 16" concrete block.

The concrete floor of the facility will be coated with a prime coat of an H-B Epoxy and a final coat of Epoxy Enamel.

Compressive strength of this six (6) inch floor is thought to be in excess of 3,500 psi, since it is designed for heavy equipment.

Tools and materials will have an area of 600 square feet while the treatment area will have 780 square feet.

All storage areas have a minimum of 50 foot buffer on all sides.

Sump pumps and/or vacuum pump will remove and prevent overflow of spill retention basins.

Municipal Environmental Associates, Inc.

Finore Building — Bethlehem Pike
P. O. Box 627
Spring House, Penna. 19477
215-628-2973

LETTER OF TRANSMITTAL

TO

EPA Region III
6th & Walnut Streets
Philadelphia, PA 19106

DATE	4/23/82	JOB NO.	3100
ATTENTION	G. I. Horwitz		
RE:	East Coast Chemical Disposal		

GENTLEMEN:

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via 1 the following items:
☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☒ Specifications
☐ Copy of letter ☐ Change order ☐ _____

PIES	DATE	NO.	DESCRIPTION
1	4/20/82		Part B - Revision to page B-8

THESE ARE TRANSMITTED as checked below:

☐ For your use ☐ Furnish as submitted ☐ Revise and Resubmit
☒ As requested ☐ Furnish as corrected ☐ Submit specified item
☐ For review and comment ☐ Rejected ☐ Return _____ corrected prints
☐ _____

REMARKS

Added paragraph 265.18 Treatment

COPY TO

ECED File

SIGNED:

Michael B. Potter

FORM 006

If enclosures are not as noted, kindly notify us at once.

be employed in all the processes of either the shop area or the loading and receiving area. Incoming wastes that are more than slightly acid or basic will be neutralized immediately upon unloading. Wastes which appear to be highly ignitable will be treated prior to entering the facility and special treatment may also be applied immediately upon reception as well. Treatment at the facility involves solidifying the waste through the addition of fly ash and vermiculite. This treatment also reduces the probability of any reactions. The present wastes received by ECCD appear to be quite compatible for comingling and do not give off uncontrolled toxic mists.

265.18 Treatment (Processing) Area

The treatment of wastes will be done in a 780 square foot floor area covered with a layer of Quick-Dri or vermiculite. Processing is generally described in 265.1 and in 265.13 through 265.17.

This floor area of 780 square feet is large enough to locate automated equipment as deemed necessary.

Any spills or leaks in this area will be cleaned up according to specifications as outlined in 265.56IA.

Municipal Environmental Associates, Inc.

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215-628-2973

LETTER OF TRANSMITTAL

TO EPA Region III
6th + Walnut Streets
Philadelphia, PA 19106

DATE <u>5/7/82</u>	JOB NO. <u>3100</u>
ATTENTION <u>Gil Horwitz</u>	
RE: <u>East Coast Chemical Disposal Inc</u>	

GENTLEMEN:

— WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
✓	5/6/82		Revised "A" Permit Application
2	5/6/82		Appendix I Page D-11 - Updated.

THESE ARE TRANSMITTED as checked below:

— ☐ For your use ☐ Furnish as submitted ☒ Revise and Resubmit

☐ As requested ☐ Furnish as corrected ☐ Submit specified item

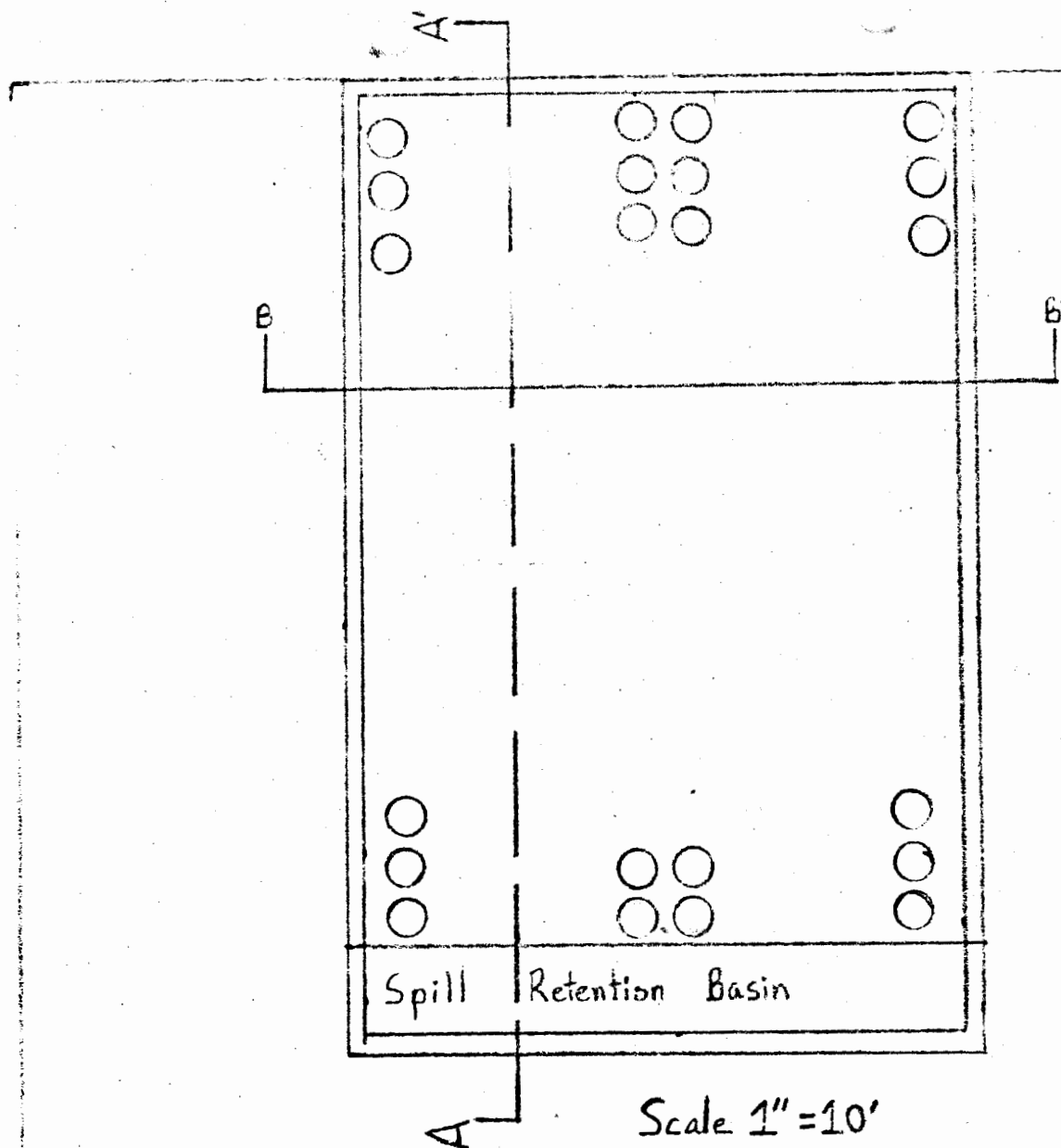
☐ For review and comment ☐ Rejected ☐ Return _____ corrected prints

☐ _____

REMARKS Sending five (5) copies to DER

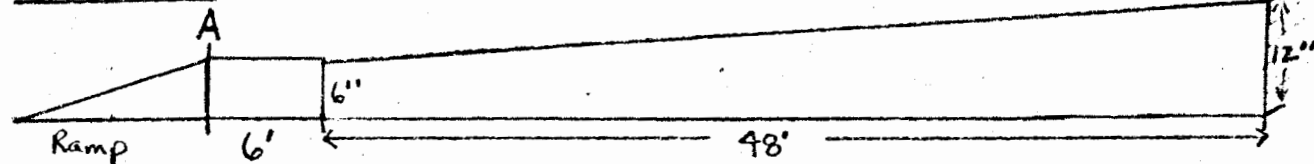
COPY TO File

SIGNED: Michael B Potter



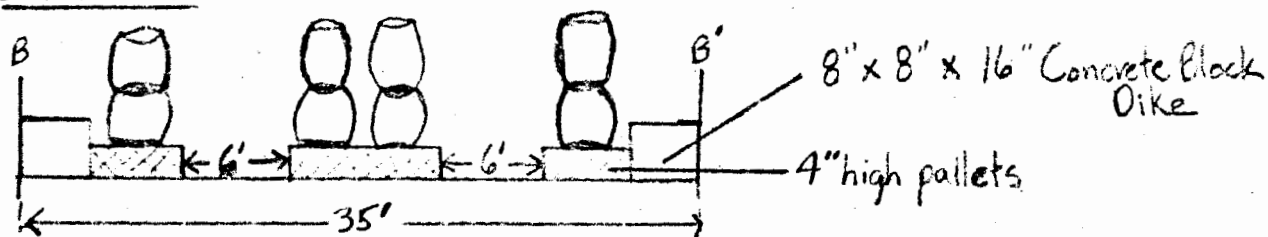
Scale 1" = 10'

Section A - A'



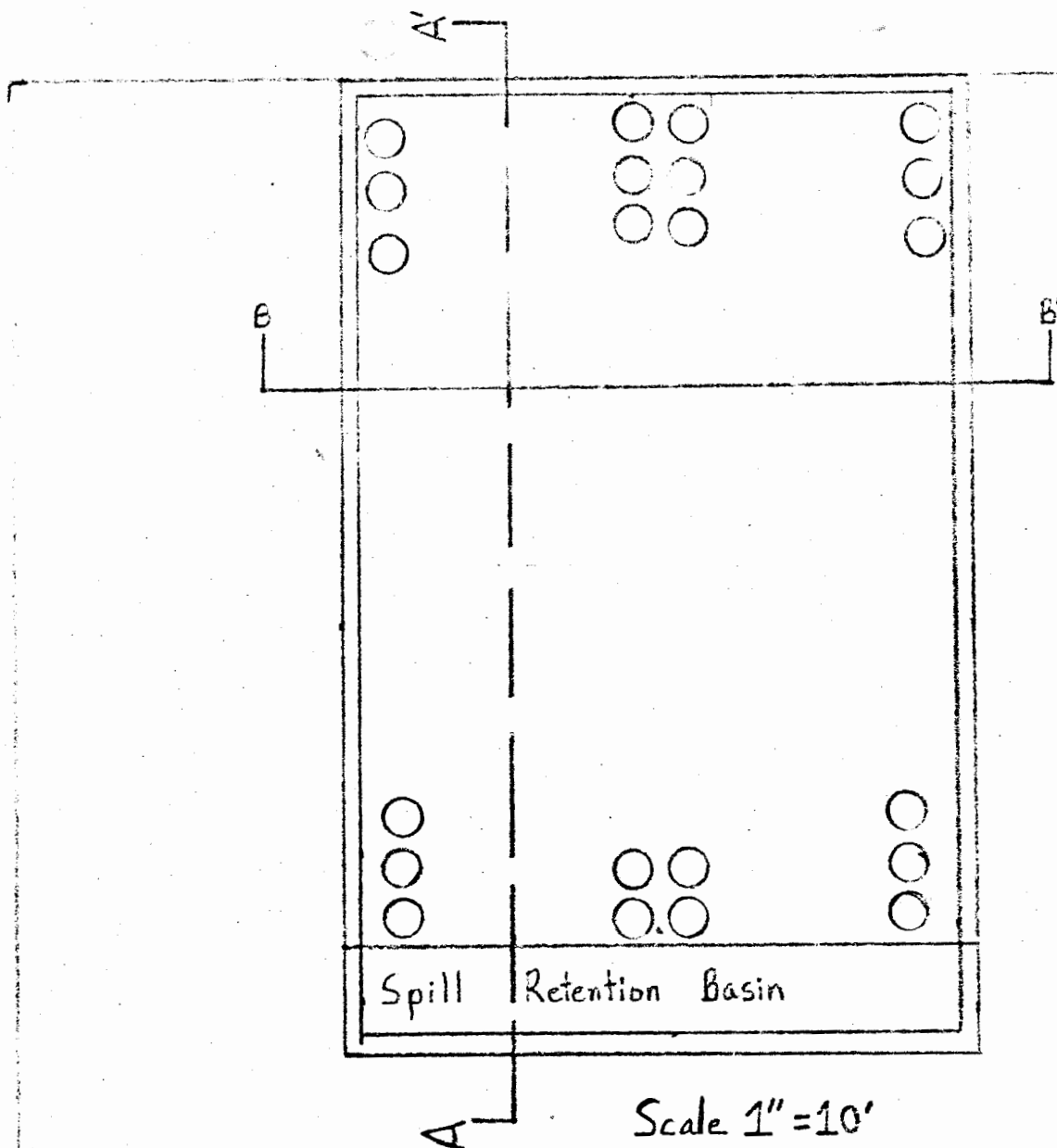
Storage and Treatment Areas

Section B - B'



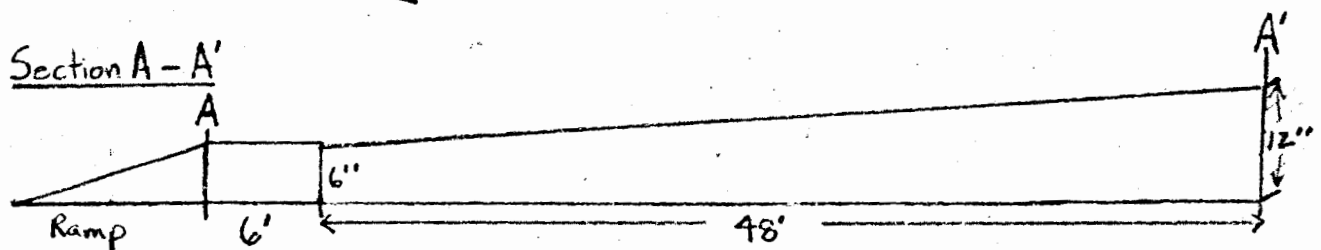
Scale: None

Revised 5/5/82
Appendix No. 3



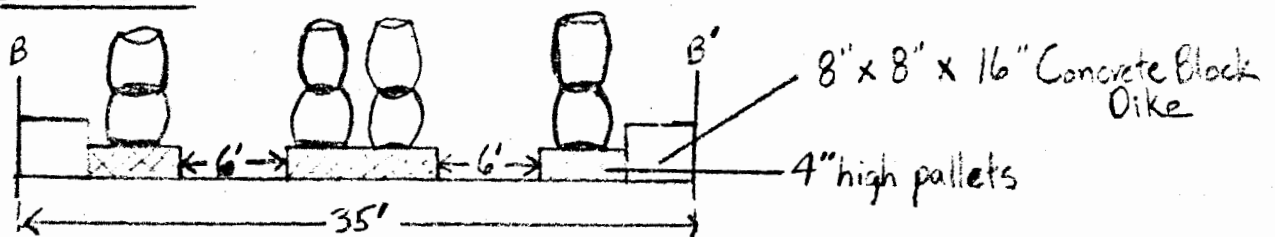
Scale 1" = 10'

Section A-A'



Storage and Treatment Areas

Section B-B'



Scale: None

Revised 5/5/82
Appendix No. 3

Municipal Environmental Associates, Inc.

Finore Building — Bethlehem Pike
P. O. Box 627
Spring House, Penna. 19477
215-628-2973

LETTER OF TRANSMITTAL

TO EPA Region III
6th + Walnut Streets
Philadelphia, PA 19106

DATE	<u>5/5/82</u>	JOB NO.	<u>3100</u>
ATTENTION	<u>Gil Horwitz</u>		
RE	<u>East Coast Chemical Disposal</u>		

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☐ Copy of letter ☐ Change order ☐ _____

PIES	DATE	NO.	DESCRIPTION
<u>1</u>	<u>5/5/82</u>		<u>C9S - Flood Plain - Topo - Location</u>
<u>2</u>	<u>5/5/82</u>		<u>Appendix Revision (No. 3) - Containment - Spill</u>

THESE ARE TRANSMITTED as checked below:

— ☐ For your use ☐ Furnish as submitted ☐ Revise and Resubmit
☒ As requested ☐ Furnish as corrected ☐ Submit specified item
☐ For review and comment ☐ Rejected ☐ Return _____ corrected prints
☐ _____

REMARKS Gil - Enclosed entire Map - Should you prefer
8 1/2 x 11 cut on penciled lines

COPY TO ECCD File

SIGNED: William B. Potter

APPENDIX I

Emergency Coordinator

Dan Tarrats Office: _____
 _____ Home: 201/343-6699
 _____ Page-beeper: _____

Other qualified acting Emergency Coordinators.

D. Gandy Office: _____
 _____ Home: _____
 _____ Page-beeper: _____

L. Connelly Office: _____
 _____ Home: _____
 _____ Page-beeper: _____

Other important numbers, ECCD, Inc. personnel.

Name: Phil Einhorn Office: _____
 Title: Chemist Home: 215/674-8259

Name: M.B. Potter Office: 215/628-2973
 Title: Consulting Engineer Home: 215/441-0577

Name: _____ Office: _____
 Title: _____ Home: _____

 Edgely Fire Company & Ambulance/Rescue
 Services

Bristol Township Police	215/943-1200
Bucks County Emergency	215/949-2000
Dept. of Transportation (Commonwealth) (DOT)	215/547-5222
Environmental Protection Agency (EPA)	717/787-7445
PA Dept. of Environmental Resources (DER)	215/597-9800
PA Dept. of Health	717/787-4526
Bucks County Health Department	717/787/6436
Chemtrec Emergency Response Number	215/343-2800
	800/424-9300

APPENDIX I

Emergency Coordinator

Dan Tarrats Office: _____
 _____ Home: 201/343-6699
 _____ Page-beeper: _____

Other qualified acting Emergency Coordinators.

D. Gandy Office: _____
 _____ Home: _____
 _____ Page-beeper: _____

L. Connelly Office: _____
 _____ Home: _____
 _____ Page-beeper: _____

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Name: Phil Einhorn Office: _____
 Title: Chemist Home: 215/674-8259

Name: M.B. Potter Office: 215/628-2973
 Title: Consulting Engineer Home: 215/441-0577

Name: _____ Office: _____
 Title: _____ Home: _____

Edgely Fire Company & Ambulance/Rescue Services 215/943-1200
 Bristol Township Police 215/949-2000
 Bucks County Emergency 215/547-5222
 Dept. of Transportation (Commonwealth) (DOT) 717/787-7445
 Environmental Protection Agency (EPA) 215/597-9800
 PA Dept. of Environmental Resources (DER) 717/787-4526
 PA Dept. of Health 717/787/6436
 Bucks County Health Department 215/343-2800
 Chemtrec Emergency Response Number 800/424-9300

EAST COAST CHEMICAL
DISPOSAL, INC.
Levittown, Bucks County
Pennsylvania

Addendum No. 1 to
265.13 Waste Analysis Plan

RCRA PERMIT APPLICATION
for
Hazardous Waste
Part B.
Storage and Treatment
40 CFR Parts 122, 264 - thru 265

Project No. 3100

February, 1982

Prepared By

Municipal Environmental Associates, Inc.
908 Bethlehem Pike
Spring House,
Finore Building
Pennsylvania

SUBPART B

GENERAL FACILITY STANDARDS

265.13 Waste Analysis Plan

As described above, all wastes received for processing and subsequent disposal are classified as hazardous wastes. Accordingly, a rather extensive analysis plan will be required to ensure that

1. All wastes received are what were contracted for.
2. Quality control is maintained through out the entire processing operation.

East Coast Chemical Disposal, Inc. has established a policy that will require each waste generator to CERTIFY that the wastes shipped to ECCD will NOT contain any of the products found on a list of unacceptable materials. This list includes but is not limited to

Pesticides.

Carcinogenic materials - known and suspected.

Polychlorinated biphenyls (PCB's).

Radioactive materials.

Poisons.

This list is constantly reviewed, based on current literature and is updated and/or changed as necessary.

The generator certification eliminates the need for testing for all of these materials.

A. Initial sample/contact interview.

When a prospective customer requests that a sample be submitted for evaluation, a field sales engineer is sent out to interview the customer to obtain a sample, and, if possible, to observe the process actually generating the waste.

Appendix 1 represents a typical contact interview questionnaire. The questionnaire form is self-explanatory but several items need to be discussed further.

1. Waste identification - this is what the customer or generator calls the waste, not what the sales engineer perceives it to be.
2. Process description - the most important feature of the questionnaire is the detail relating to the process generating the waste. ECCD will

sign the appropriate confidential agreement with a waste generator, if necessary, to obtain this information.

3. Remarks - here the sales engineer writes the actual identification of the waste stream; analytical information supplied by generator may be entered here.

The routing of this questionnaire will be as follows:

Original - white - general manager.

2nd copy - canary - lab.

3rd copy - pink - transportation.

4th copy - blue - sales.

Representative samples of potential waste streams are very important but, unfortunately, are difficult to obtain. Bulk wastes may be sampled using a Bacon Bomb thief's sampler (somewhat messy, but effective). Drums, on the other hand, MUST be individually sampled. The fancy name for this type of sampler is the COLIWASSA but a stout thumb and a pipe will do exceptionally well.

B. Laboratory Analysis.

All samples submitted to ECCD for evaluation and pricing for potential recycling and/or disposal will receive the following minimal lab analysis:

Specific gravity.

Flash point (Tag Closed Cup or Pensky Martins Closed Cup)

Total residue on evaporation.

Distillation range and yield.

Component identification and concentrations.

It should be noted that component composition and concentration will be determined by using a gas chromatograph with a flame ionization detector.

Based on the contact interview questionnaire, additional testing may be required. Testing beyond our capabilities will be sent to an outside laboratory.

C. Laboratory Analysis - PA DER Requirements

The Pennsylvania Department of Environmental Resources requires that all hazardous or residual waste streams be submitted for approval prior to treatment, storage or disposal at a TSD facility. This request is made using the Module 1 application (Appendix 2). An extensive laboratory analysis, in addition to that

listed above, is required when submitting a Module 1. However, in order to respond to the waste generator in a timely manner, the Module 1, complete with the additional analysis, will be submitted only after a firm order is issued by the waste generator.

It should be noted that the generator is actually responsible for initiating the Module 1 submittal, but ECCD may do so as a service to the generator.

D. Receipt Control.

When a quotation is issued to a waste generator for a specific waste stream, specifications for the waste are provided. Before the waste stream arrives at the ECCD facility, these specifications are entered on a Treatment-Spec sheet for the plant and laboratory.

Upon arrival, the load (if bulk) is sampled and is submitted to the laboratory for analysis. If the waste arrives in drums, each drum is sampled and the appropriate composites are made.

When the analysis is complete, a determination is made whether the waste load is "in spec or out of spec". If in spec the load is accepted for processing. If "out of spec", the waste generator is notified immediately by telephone. The final disposition of the "out of spec" load then rests with the generator.

At a minimum, all incoming loads will be analyzed as in Section B above.

All loads will be "logged in" several ways. A master log will be kept by the laboratory denoting the following information:

- Date.
- Time of Arrival.
- Trailer Number.
- Waste Generator.
- Waste Identification.
- Manifest Number.
- B/L Number.
- Disposition of Load.
- Remarks.

A second log will be kept by the waste generator and by the office staff. This log will include the appropriate analytical data in addition to the data kept on the master log, as described above.

EAST COAST CHEMICAL DISPOSAL, INC.

CONTACT INTERVIEW QUESTIONNAIRE

APPENDIX 1General

Generator Name

Facility Address

Generator EPA #

Business Contact: _____

Title _____

Phone _____

Technical Contact: _____

Title _____

Phone _____

Waste Description

1. Generator's common name for this waste stream.

2. Process Generating Waste: _____

3. Generation Rate

Frequency

4Physical Properties (Circle appropriate blocks)

1. Physical State at 70 °F:

☐ Solid☐ Semi-Solid☐ Liquid☐ Sludge☐ Gas

2. Specific Gravity _____

3. Flash Point _____ °F

☐ Closed Cup☐ Open Cup4. Viscosity: ☐ Low☐ Medium☐ High

5. pH (Indicate Range) _____

6. Phase / Layering (For liquids only)

☐ NONE☐ BILAYERED☐ MULTILAYERED

Top _____ % Others _____ %

Bottom _____ %

7. Solids: ☐ By Weight ☐ By Volume

Total _____ % Dissolved _____ % Suspended _____ %

8. Solvents & Oils Only

BTU/Lb _____ Ash Content @ 650 °C _____

9. Organo-Chlorine:

☐ O-TR☐ <1%☐ >1%

10. Sulfur:

☐ O-TR☐ <1%☐ >1%**5**Chemical Composition

Analysis (Account for 100%)	Constituent	Range
1. _____	Water	_____
2. _____	Major	_____
3. _____	Minor	_____

EAST COAST CHEMICAL DISPOSAL, INC.

PA DER MODULE 1

APPENDIX 2

Waste Generator:
Waste Identification:
W/C Lab Code:

Test Parameter	Total Analysis	ElP Leachate
Total Residue		
Total Dissolved Solids		
Total Volatile Solids		
pH		
Cyanides		
Oil and Grease		
Ammonia N		
Phenol		
Arsenic		
Antimony		
Barium		
Cadmium		
Chromium		
Lead		
Mercury		
Nickel		
Selenium		
Silver		
Copper		
Molybdenum		
Zinc		

Heating Value
Ignitability
Corrosivity
Reactivity
Total Organic Halogens
COD
TOC

Analysis completed by:

Date:

**PA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
MODULE 1**

DATE PREPARED
DATE REVISED

DEPARTMENT USE ONLY

REQUEST FOR APPROVAL TO TREAT, STORE, OR DISPOSE OF A HAZARDOUS OR RESIDUAL WASTE STREAM

SEE INSTRUCTIONS BEFORE COMPLETING THIS FORM

I. GENERAL INFORMATION (must be completed by TSD facility)

A. Treatment, Storage, or Disposal Site

1. Name of facility _____
Address _____
Municipality _____ County _____
2. Identification number (if applicable)

--	--	--	--	--	--	--	--	--	--	--
3. Solid waste permit number(s) for treatment, storage or disposal facility to be utilized

4. Facility contact person
Name _____ Title _____
Phone no. _____

B. Generator of the Waste

1. Name of company _____
Mailing address _____
Location of site if different
from mailing address _____
Municipality _____ County _____
2. If a subsidiary, name
of parent co. _____
3. Identification number (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--
4. Company contact person
Name _____ title _____
Phone no. _____

DATE PREPARED

DATE REVISED

DEPARTMENT USE ONLY

II. WASTE DESCRIPTION (Must be completed by Generator)

A. General Properties

1. pH range _____ to _____ (based on past analyses or knowledge)
2. Physical state:
 - a. ☐ liquid (less than 20% solids by dry wt. or flowable)
 - b. ☐ gas (ambient temperature and pressure)
 - c. ☐ solid (equal to or greater than 20% by dry wt. and non-flowable)
 - d. ☐ Check here if c. above was checked and waste contains free liquids.
3. Physical appearance:

Color _____ Odor _____

Number of solid or liquid phases of separation _____

Describe each phase of separation _____
4. U.S. DOT proper shipping name UN/NA number, and hazard class (if applicable): _____
5. Typical volume of waste to be shipped to treatment storage or disposal facility:
 - a. Monthly _____ gal., tons (circle one)
 - b. Annually _____ gal., tons (circle one)
6. Treatment or disposal frequency: _____ times per year; ☐ one time
7. Current volume to be shipped to treatment storage or disposal facility _____ gal., tons (circle one)
8. a. Is the waste a hazardous waste as fined in 75.261? ☐ Yes ☐ No
b. If yes, describe the hazardous waste according to its description and hazardous waste number in 75.261. _____
9. Has the waste been delisted as a hazardous waste by DER? ☐ Yes ☐ No ☐ N/A
If yes or N/A, check the appropriate box(es) in Item 10.

DATE PREPARED
DATE REVISED

DEPARTMENT USE ONLY

10. Is the waste a residual waste or a delisted hazardous waste? ☐ Yes ☐ No
If yes, check the following box(es) as applicable:

- | | |
|--|---|
| <input type="checkbox"/> discarded commercial chemical product | <input type="checkbox"/> process waste |
| <input type="checkbox"/> tank bottom | <input type="checkbox"/> infectious waste |
| <input type="checkbox"/> off-specification species | <input type="checkbox"/> baghouse dust |
| <input type="checkbox"/> manufacturing chemical intermediate | <input type="checkbox"/> wastewater treatment plan residue (industrial) |
| <input type="checkbox"/> still bottom | <input type="checkbox"/> wastewater treatment plant residue (sewage) |
| <input type="checkbox"/> spent catalyst | <input type="checkbox"/> water treatment plant residue |
| <input type="checkbox"/> flyash | <input type="checkbox"/> incinerator residue |
| <input type="checkbox"/> bottom ash | <input type="checkbox"/> acid mine drainage treatment sludge |
| <input type="checkbox"/> slag | <input type="checkbox"/> spill residue |
| <input type="checkbox"/> foundry sand | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> SO ₂ scrubber sludge | |

B. Chemical Analyses — Please attach the following:

1. The results of the total analysis of the waste as described in the instructions.
2. The results of the leaching tests as described in the instructions and the leaching method.
3. A description of the sampling method.
4. The range of concentrations of the constituents based on knowledge or past analyses.

C. Process Description and Schematic — Please attach the following:

1. The substantiation for a confidentiality claim as described in the instructions, if portions of the information you have submitted are confidential.
2. A detailed description of the manufacturing and/or pollution control processes producing the hazardous or residual waste as specified in the instructions.
3. A schematic of the manufacturing and/or pollution control processes producing the hazardous or residual waste as specified in the instructions.

III. Liner Compatibility Evaluation (must be completed by TSD facility)

Attach the results of the liner compatibility evaluation or supporting data as specified in the instructions.

DATE PREPARED
DATE REVISED

DEPARTMENT USE ONLY

IV. PROPOSED TREATMENT, STORAGE, AND/OR DISPOSAL METHOD (must be completed by TSD facility. Use additional sheets if necessary.)

A. Proposed Treatment Method

B. Proposed Storage Method and Length of Storage

C. Proposed Disposal Method

V. ALTERNATIVES TO PROPOSED TREATMENT AND/OR DISPOSAL METHOD (must be completed by generator. Use additional sheets if necessary.)

A. What Other Treatment, Disposal, Recycle, Reuse, or Reclamation Method(s) Can be Used?
Briefly describe viable alternatives to your proposal.

B. Why was the Treatment and/or Disposal Method in Section IV Chosen?

DATE PREPARED
DATE REVISED

FOR DEPARTMENT USE ONLY

VI. CERTIFICATION OF GENERATOR

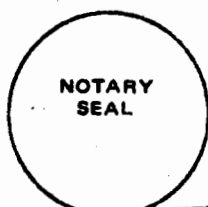
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible
Official _____

Title _____

Signature _____ Date _____

Taken, sworn and subscribed before me, this



_____ day of _____ A.D. 19 _____

VII. CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER FOR TREATMENT STORAGE AND/OR DISPOSAL FACILITY

This is to certify that I have personally reviewed all engineering information contained in the accompanying modules, drawings, specifications, and other documents which are part of this application and that I have found it to be of good engineering quality, true and correct, and is in conformance with the requirements of the Department of Environmental Resources, and it does not, to the best of my knowledge, withhold information that is pertinent to a determination of compliance with the requirements of the Department.

NOTICE: It is an offense under Pennsylvania Crimes Code to affirm a false statement in documents submitted to the Department.

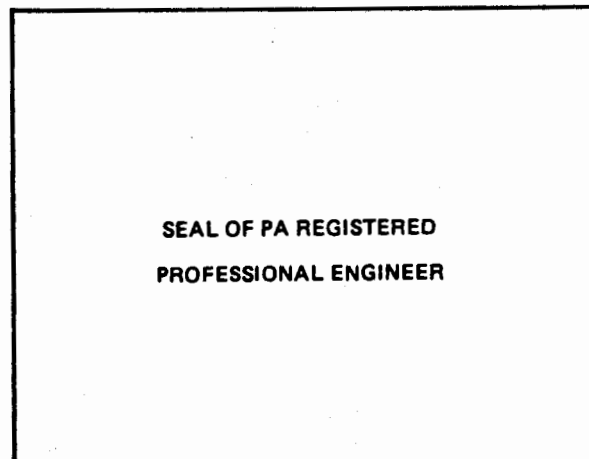
Name _____

Signature _____

Date _____

Address _____

Phone No. _____



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT

HAZARDOUS WASTE PERMIT APPLICATION - PART A

Please print or type in the unshaded areas only

I. EPA I.D. NUMBER																
P A 0 9 8 0 7 0 6 1 6 2																
II. NAME OF FACILITY																
East Coast Chemical Disposal, Inc.																
III. FACILITY CONTACT																
A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)						
Rex A. Hunter, Cert. Hazardous Materials Manager										2 1 5 6 7 5 1 8 8 0						
IV. FACILITY MAILING ADDRESS																
A. STREET OR P.O. BOX																
c/o R.A.H. CONSULTING, 295 W. Street Road																
B. CITY OR TOWN										C. State		D. Zip Code				
Warminster										P A		1 8 9 7 4				
V. FACILITY LOCATION																
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER										E. MUNICIPALITY						
201 E. Tenth Street										Marcus Hook						
B. CITY OR TOWN										C. State		D. Zip Code		F. COUNTY		
Marcus Hook										P A		1 8 9 7 4		Delaware		
VI. SIC CODES (4-digit, in order of priority)																
A. FIRST					C. THIRD											
(specify)					(specify)											
B. SECOND					D. FOURTH											
(specify)					(specify)											
VII. OPERATOR INFORMATION																
A. NAME										B. Is the name listed in Item VII-A also the owner?						
East Coast Chemical Disposal, Inc.										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
C. STREET OR P.O. BOX																
N. Washington Avenue																
D. CITY OR TOWN										E. State		F. Zip Code		G. PHONE (area code & no.)		
Bergenfield										N J		0 7 6 2 1		2 0 1 3 8 5 7 9 0 3		
H. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																
P (specify)																
VIII. EXISTING ENVIRONMENTAL PROGRAM PERMITS																
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)						
N A										N A						
B. UIC (Underground Injection of Fluids)										E. SOLID WASTE						
N A										N A						
C. RCRA (Hazardous Wastes)										F. OTHER (specify)						
N A										N A						
IX. MAP																
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and any well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area as per the instructions.																

X. NATURE OF BUSINESS (provide a brief description)

Industrial wastes, both liquid and semi-solid, are picked up from an originator (manufacturer or user, i.e., generator) and transported to an enclosed facility for treatment. After treatment, the waste is transported by a permitted transporter to a permitted disposal facility. Some liquid solvents are taken to solvent recovery facilities.

XI. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Section I.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY

YR. MO. DAY

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo. & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo. & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
 YR. MO. DAY

B. REVISED APPLICATION (place an "X" below and complete Section I)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

XII. PROCESSES — CODES AND DESIGN CAPACITIES

PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item XII-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below may be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
STORAGE:			TREATMENT:		
Container (barrel, drum, etc.)	S01	Gallons or Liters	Tank	T01	Gallons Per Day or Liters Per Day
Tank	S02	Gallons or Liters	Surface Impoundment	T02	Gallons Per Day or Liters Per Day
Waste Pile	S03	Cubic Yards or Cubic Meters	Incinerator	T03	Tons Per Hour or Metric Tons Per Hour; Gallons Per Hour or Liters Per Hour
Surface Impoundment	S04	Gallons or Liters	Other (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments, or incinerators. Describe the processes in the space provided (Item XII-C).)	T04	Gallons Per Day or Liters Per Day
DISPOSAL:					
Injection Well	D79	Gallons or Liters			
Landfill	D80	Acres (the volume that would cover one acre to a depth of one foot) or Hectare-Meter			
Land Application	D81	Acres or Hectares			
Ocean Disposal	D82	Gallons Per Day or Liters Per Day			
Surface Impoundment	D83	Gallons or Liters			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G	Liters Per Day	V	Acres-Feet	A
Liters	L	Tons Per Hour	D	Hectare-Meter	F
Cubic Yards	Y	Metric Tons Per Hour	W	Acres	B
Cubic Meters	C	Gallons Per Hour	E	Hectares	Q
Gallons Per Day	U	Liters Per Hour			

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)						1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S	0	2	600	G			5					
X-2	T	0	3	20	E			6					
1	S	0	1	130,000	G			7					
2	T	0	4	5,000	U			8					
3								9					
4								10					

XII. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "704"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Received wastes will be treated in containers. A treatment regime will be established as part of the pre-acceptance testing of each waste. Treatments to be utilized will be both physical and chemical. Physical treatment will consist of stabilizing and solidifying sludges and absorption of free liquids. Chemical treatment will consist of any or all of neutralization, oxidation-reduction, cyanide destruction, and dissolved metals precipitation. Final disposal will occur off-site at permitted land disposal facilities or incinerators. Solvents which have commercial value will be readied for off-site reclamation by solvent recovery facilities.

I. DESCRIPTION OF HAZARDOUS WASTES

- A. **HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 75.261(h) for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 75.261(h), enter the four-digit number(s) from 75.261(g) that describes the characteristics and/or the EP toxic contaminants of those hazardous wastes.
- B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or EP toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Section XII to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or EP toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Section XII to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess the characteristic or toxic contaminant.

Notes: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item XIII-D(1); and (3) Enter in the space provided on page 5, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one Hazardous Waste Number shall be described on the form as follows:

- Select one of the Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each other Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING SECTION XIII (Shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of leaded tank bottoms from the petroleum refining industry. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 2	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				"included with above"

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)													
Waste No. (enter code)	A. Hazard. Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
1	D001	50,000	PS	0	1	T	0	4					
2	D002	50,000		S	0	1	T	0	4				
3	D004	10,000		S	0	1	T	0	4				
4	D005	10,000		S	0	1	T	0	4				
5	D006	10,000		S	0	1	T	0	4				
6	D007	10,000		S	0	1	T	0	4				
7	D008	10,000		S	0	1	T	0	4				
8	D009	10,000		S	0	1	T	0	4				
9	D010	10,000		S	0	1	T	0	4				
10	D011	10,000		S	0	1	T	0	4				
11	D012	10,000		S	0	1	T	0	4				
12	D013	10,000		S	0	1	T	0	4				
13	D014	10,000		S	0	1	T	0	4				
14	D015	10,000		S	0	1	T	0	4				
15	D016	10,000		S	0	1	T	0	4				
16	D017	10,000		S	0	1	T	0	4				
17	F001	10,000		S	0	1	T	0	4				
18	F002	10,000		S	0	1	T	0	4				
19	F006	10,000		S	0	1	T	0	4				
20	F007	10,000		S	0	1	T	0	4				
21	F008	10,000		S	0	1	T	0	4				
22	F009	10,000		S	0	1	T	0	4				
23	F010	10,000		S	0	1	T	0	4				
24	F012	10,000		S	0	1	T	0	4				
25	F019	10,000		S	0	1	T	0	4				
26	L001	10,000	PS	0	1	T	0	4					

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)													
Waste No. (enter code)	A. Hazard Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	K002	10,000	P	S	0	1	T	0	4				
2	K003	10,000	P	S	0	1	T	0	4				
3	L004	10,000	P	S	0	1	T	0	4				
4	K005	10,000	P	S	0	1	T	0	4				
5	L006	10,000	P	S	0	1	T	0	4				
6	K007	10,000	P	S	0	1	T	0	4				
7	K008	10,000	P	S	0	1	T	0	4				
8	K009	10,000	P	S	0	1	T	0	4				
9	K011	10,000	P	S	0	1	T	0	4				
10	K013	10,000	P	S	0	1	T	0	4				
11	K014	10,000	P	S	0	1	T	0	4				
12	K015	10,000	P	S	0	1	T	0	4				
13	K016	10,000	P	S	0	1	T	0	4				
14	K017	10,000	P	S	0	1	T	0	4				
15	K018	10,000	P	S	0	1	T	0	4				
	K019	10,000	P	S	0	1	T	0	4				
17	K020	10,000	P	S	0	1	T	0	4				
18	K021	10,000	P	S	0	1	T	0	4				
19	K022	10,000	P	S	0	1	T	0	4				
20	K023	10,000	P	S	0	1	T	0	4				
21	K024	10,000	P	S	0	1	T	0	4				
22	K025	10,000	P	S	0	1	T	0	4				
23	K026	10,000	P	S	0	1	T	0	4				
24	K028	10,000	P	S	0	1	T	0	4				
25	K029	10,000	P	S	0	1	T	0	4				
26	K030	10,000	P	S	0	1	T	0	4				

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)												
Waste No. (enter code)	A. Hazard Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
1	K031	10,000	P	S	0	1	T	0	4			
2	K032	10,000	P	S	0	1	T	0	4			
3	K033	10,000	P	S	0	1	T	0	4			
4	K034	10,000	P	S	0	1	T	0	4			
5	K035	10,000	P	S	0	1	T	0	4			
6	K036	10,000	P	S	0	1	T	0	4			
7	K037	10,000	P	S	0	1	T	0	4			
8	K038	10,000	P	S	0	1	T	0	4			
9	K039	10,000	P	S	0	1	T	0	4			
10	K040	10,000	P	S	0	1	T	0	4			
11	K041	10,000	P	S	0	1	T	0	4			
12	K042	10,000	P	S	0	1	T	0	4			
13	K048	10,000	P	S	0	1	T	0	4			
14	K049	10,000	P	S	0	1	T	0	4			
15	K050	10,000	P	S	0	1	T	0	4			
	K051	10,000	P	S	0	1	T	0	4			
17	K052	10,000	P	S	0	1	T	0	4			
18	K060	10,000	P	S	0	1	T	0	4			
19	K062	10,000	P	S	0	1	T	0	4			
20	K061	10,000	P	S	0	1	T	0	4			
21	K069	10,000	P	S	0	1	T	0	4			
22	K071	10,000	P	S	0	1	T	0	4			
23	K073	10,000	P	S	0	1	T	0	4			
24	K083	10,000	P	S	0	1	T	0	4			
25	K084	10,000	P	S	0	1	T	0	4			
26	K085	10,000	P	S	0	1	T	0	4			

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)										
Waste No. (enter code)	A. Hazard Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES						
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
1	K086	10,000	P	S	0	1	T	0	4	
2	K087	10,000	P	S	0	1	T	0	4	
3	K093	10,000	P	S	0	1	T	0	4	
4	K094	10,000	P	S	0	1	T	0	4	
5	K095	10,000	P	S	0	1	T	0	4	
6	K096	10,000	P	S	0	1	T	0	4	
7	K097	10,000	P	S	0	1	T	0	4	
8	K098	10,000	P	S	0	1	T	0	4	
9	K043	10,000	P	S	0	1	T	0	4	
10	K099	10,000	P	S	0	1	T	0	4	
11	K027	10,000	P	S	0	1	T	0	4	
12	K010	10,000	P	S	0	1	T	0	4	
13	K100	10,000	P	S	0	1	T	0	4	
14	K101	10,000	P	S	0	1	T	0	4	
15	K102	10,000	P	S	0	1	T	0	4	
16	K103	10,000	P	S	0	1	T	0	4	
17	K104	10,000	P	S	0	1	T	0	4	
18	K105	10,000	P	S	0	1	T	0	4	
19	K106	10,000	P	S	0	1	T	0	4	
20	P010	5,000	P	S	0	1	T	0	4	
21	P011	5,000	P	S	0	1	T	0	4	
22	P012	5,000	P	S	0	1	T	0	4	
23	P013	5,000	P	S	0	1	T	0	4	
24	P030	5,000	P	S	0	1	T	0	4	
25	P029	5,000	P	S	0	1	T	0	4	
26	P051	5,000	P	S	0	1	T	0	4	

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)												
Waste No. (enter code)	A. Hazard Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
				1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	P059	5,000	P	S	0	1	T	0	4			
2	P090	5,000	P	S	0	1	T	0	4			
3	P063	5,000	P	S	0	1	T	0	4			
4	P055	5,000	P	S	0	1	T	0	4			
5	P074	5,000	P	S	0	1	T	0	4			
6	P089	5,000	P	S	0	1	T	0	4			
7	P098	5,000	P	S	0	1	T	0	4			
8	P099	5,000	P	S	0	1	T	0	4			
9	P104	5,000	P	S	0	1	T	0	4			
10	P106	5,000	P	S	0	1	T	0	4			
11	P110	5,000	P	S	0	1	T	0	4			
12	P115	5,000	P	S	0	1	T	0	4			
13	P120	5,000	P	S	0	1	T	0	4			
14	P121	5,000	P	S	0	1	T	0	4			
15	P094	5,000	P	S	0	1	T	0	4			
16	U002	10,000	P	S	0	1	T	0	4			
17	U013	10,000	P	S	0	1	T	0	4			
18	U019	10,000	P	S	0	1	T	0	4			
19	U031	10,000	P	S	0	1	T	0	4			
20	U032	10,000	P	S	0	1	T	0	4			
21	U036	10,000	P	S	0	1	T	0	4			
22	U037	10,000	P	S	0	1	T	0	4			
23	U043	10,000	P	S	0	1	T	0	4			
24	U044	10,000	P	S	0	1	T	0	4			
25	U045	10,000	P	S	0	1	T	0	4			
26	U048	10,000	P	S	0	1	T	0	4			

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)												
Waste No. EZ	A. Hazard Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
1	P021	5,000	P	S	6	1	7	0	4			
2	U051	10,000	P	S	0	1	7	0	4			
3	U052	10,000	P	S	0	1	7	0	4			
4	U054	10,000	P	S	0	1	7	0	4			
5	U056	10,000	P	S	0	1	7	0	4			
6	U061	10,000	P	S	0	1	7	0	4			
7	U065	10,000	P	S	0	1	7	0	4			
8	U067	10,000	P	S	0	1	7	0	4			
9	U068	10,000	P	S	0	1	7	0	4			
10	U070	10,000	P	S	0	1	7	0	4			
11	U071	10,000	P	S	0	1	7	0	4			
12	U072	10,000	P	S	0	1	7	0	4			
13	U075	10,000	P	S	0	1	7	0	4			
14	U076	10,000	P	S	0	1	7	0	4			
15	U077	10,000	P	S	0	1	7	0	4			
	U080	10,000	P	S	0	1	7	0	4			
17	U081	10,000	P	S	0	1	7	0	4			
18	U082	10,000	P	S	0	1	7	0	4			
19	U112	10,000	P	S	0	1	7	0	4			
20	U121	10,000	P	S	0	1	7	0	4			
21	U122	10,000	P	S	0	1	7	0	4			
22	U123	10,000	P	S	0	1	7	0	4			
23	U127	10,000	P	S	0	1	7	0	4			
24	U134	10,000	P	S	0	1	7	0	4			
25	U140	10,000	P	S	0	1	7	0	4			
26	U144	10,000	P	S	0	1	7	0	4			

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)													
Waste No. (enter code)	A. Hazard Waste No. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)									
1	U145	10,000	P	S	0	1	7	0	4				
2	U151	10,000	P	S	0	1	7	0	4				
3	U154	10,000	P	S	0	1	7	0	4				
4	U159	10,000	P	S	0	1	7	0	4				
5	U161	10,000	P	S	0	1	7	0	4				
6	U165	10,000	P	S	0	1	7	0	4				
7	U182	10,000	P	S	0	1	7	0	4				
	U188	10,000	P	S	0	1	7	0	4				
9	U204	10,000	P	S	0	1	7	0	4				
10	U208	10,000	P	S	0	1	7	0	4				
11	U209	10,000	P	S	0	1	7	0	4				
12	U210	10,000	P	S	0	1	7	0	4				
13	U211	10,000	P	S	0	1	7	0	4				
14	U214	10,000	P	S	0	1	7	0	4				
15	U215	10,000	P	S	0	1	7	0	4				
16	U216	10,000	P	S	0	1	7	0	4				
17	U217	10,000	P	S	0	1	7	0	4				
18	U220	10,000	P	S	0	1	7	0	4				
19	U224	10,000	P	S	0	1	7	0	4				
20	U225	10,000	P	S	0	1	7	0	4				
21	U226	10,000	P	S	0	1	7	0	4				
22	U227	10,000	P	S	0	1	7	0	4				
23	U228	10,000	P	S	0	1	7	0	4				
24	U229	10,000	P	S	0	1	7	0	4				
25	U230	10,000	P	S	0	1	7	0	4				
26	U231	10,000	P	S	0	1	7	0	4				

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)

[illegible]

(enter "A", "B", "C", etc. behind the "4" to identify photocopied pages)

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM Q(1) ON PAGE 4.****XIV. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

XV. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground level) that clearly delineate all existing structures, existing storage, treatment, and disposal areas, and sites of future storage, treatment, or disposal areas (see instructions for more detail).

XVI. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

39 47 06

75 25 00

XVII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VII, place an "X" in the box to the left and skip to Section XVIII below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VII, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

XVIII. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Lewis Maslow

Lewis Maslow

7/19/85

XIX. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Lewis Maslow

Lewis Maslow

7/19/85

1-)

20

B1dg

Topographical Map of
East Coast Chemical Disposal, Inc.

B1dg

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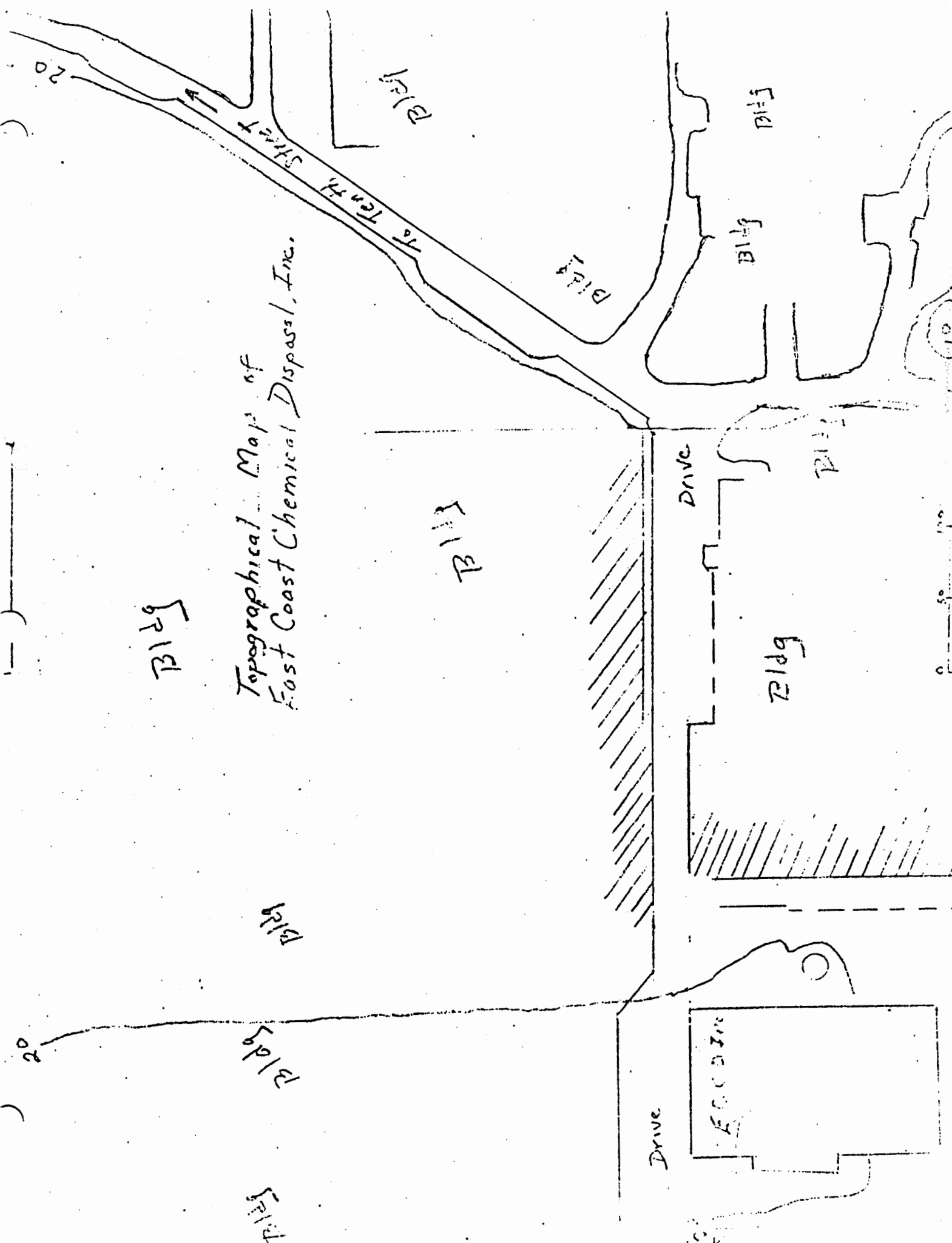
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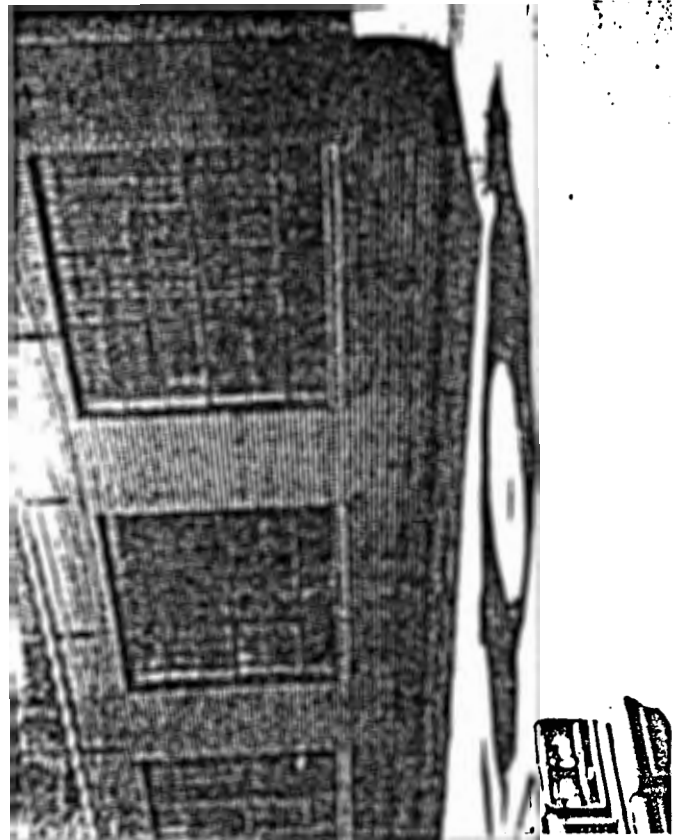
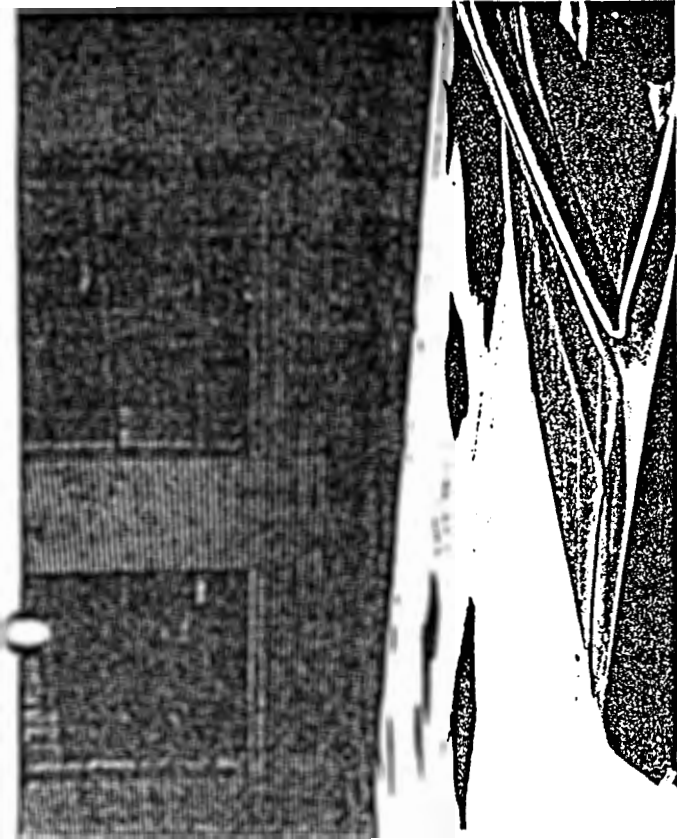
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Drive

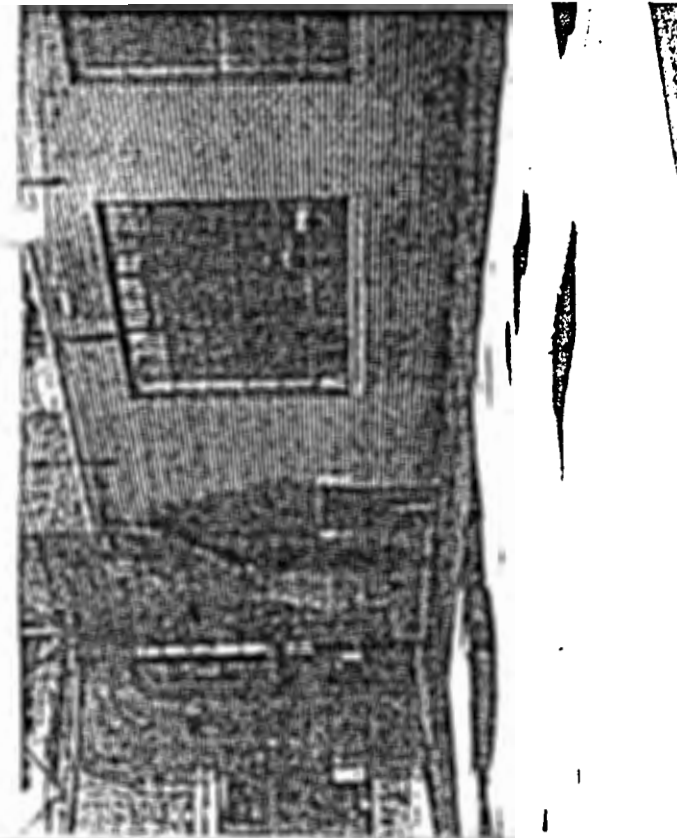
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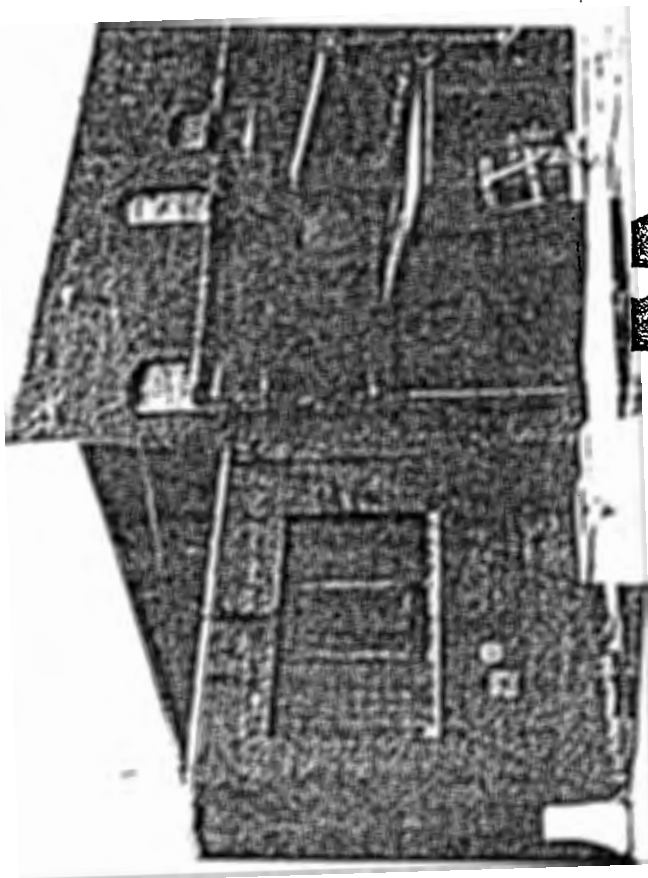
Drive



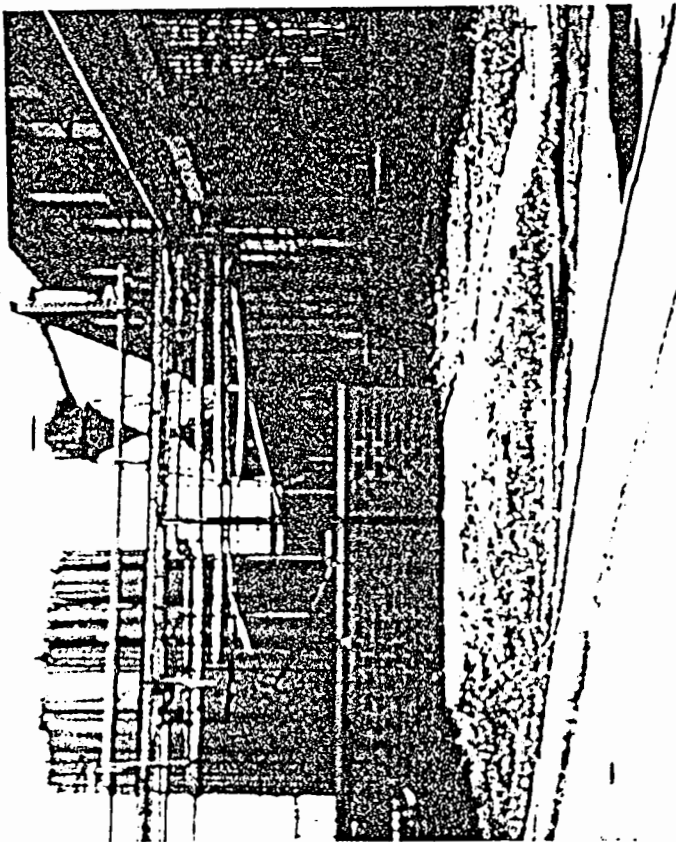
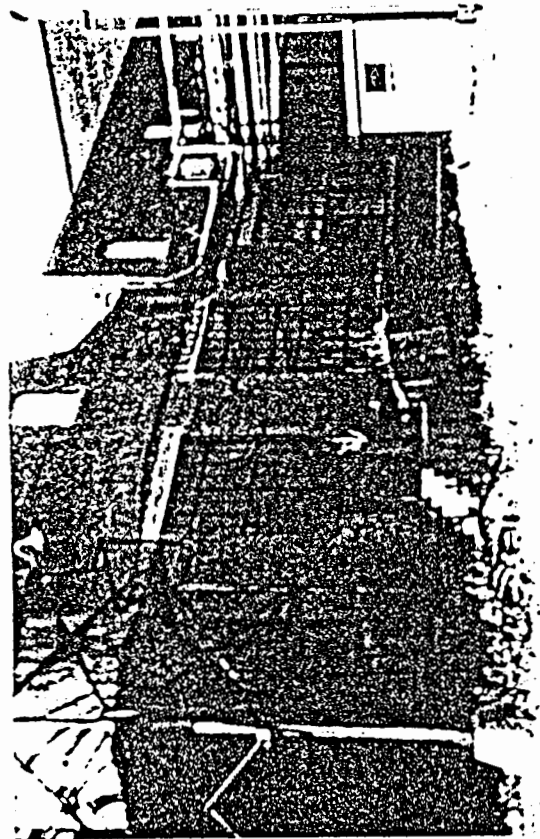
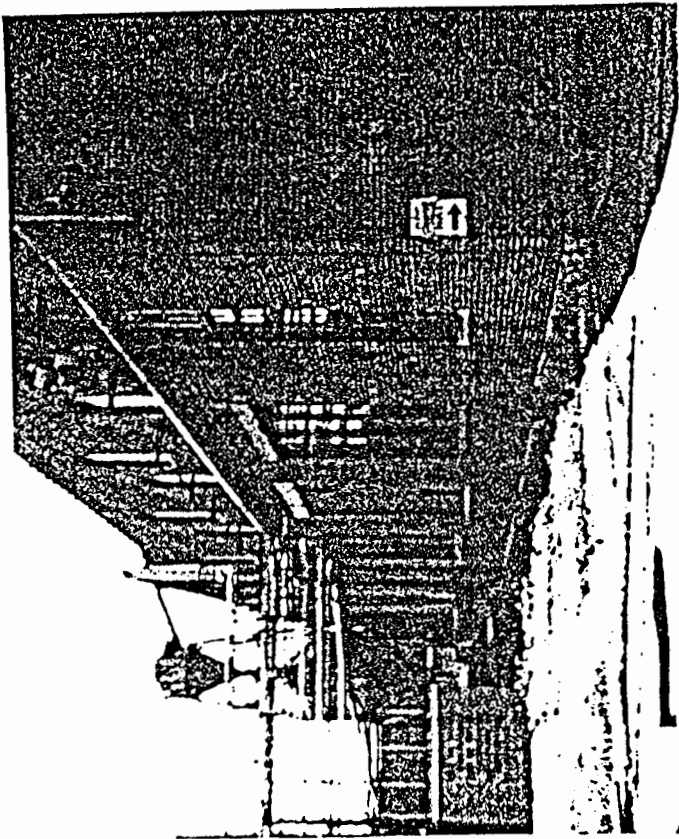


South Side

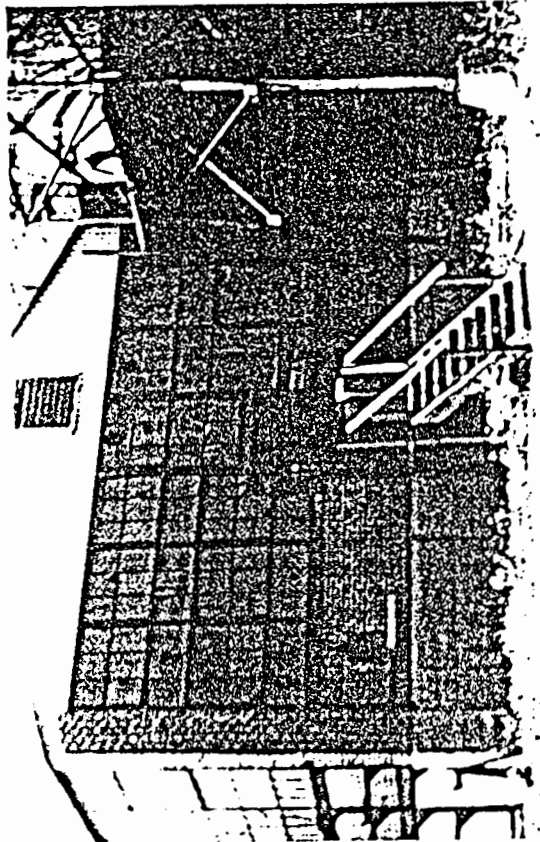


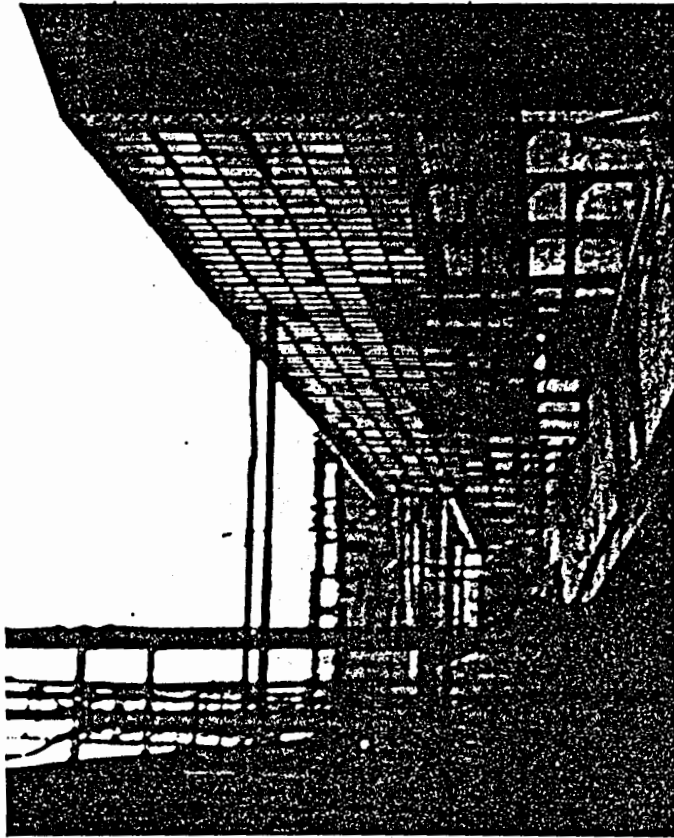


East Side



West Side





- North Side

<p>U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p>GENERAL INFORMATION</p> <p>Consolidated Form for Air and Water Pollution</p> <p>(Read the "General Instructions" before starting.)</p>		<p>Form Approved OMB No. 158-R-0175</p> <p>A.I.D. NUMBER</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p>
<p>GENERAL</p>		
I. EPA I.D. NUMBER	<p>EAST COAST CHEMICAL DISPOSAL, INC.</p> <p>908 Bethlehem Pike</p> <p>PLEASE PLACE LABEL IN THIS SPACE</p> <p>Spring House, PA. 19477</p> <p>201 East Tenth Street</p> <p>Marcus Hook, PA. 19061</p>	
III. FACILITY NAME		
V. FACILITY MAILING ADDRESS		
VI. FACILITY LOCATION		

If a preprinted label has been provided, fill it in the designated space. Review the information carefully, if any of it is incorrect, go through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent (an area to left of the label space left the information that should appear), please provide it in proper fill-in area(s) below. If the label complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

KIP	Easr Coast Chemical Disposal, Inc.
-----	------------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	Miles B. Potter Consulting Engineer	215	628	2973

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3	P.O. Box 627		
B. CITY OR TOWN			
4	Spring House		
C. STATE		D. ZIP CODE	
PA		19477	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	201 East Tenth Street		
B. COUNTY NAME			
Delaware			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 Marcus Hook		PA	19061
		F. COUNTY CODE (if known)	
		045	

CONTINUED FROM THE FRONT

V. SIC CODES (List in order of priority)

A. FIRST										B. SECOND									
(specify) 7 P001 to P122 Commercial Chemicals										(specify) 7 U001 to U239 Mfg. Chemicals-Intermedia									
C. THIRD										D. FOURTH									
(specify) 7 K002 to K069 Organic Chemicals										(specify) 7 F001 to F016 Non-specific Sources									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8 Mark Beinart										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) Private A 215 628 2973									

E. STREET OR P.O. BOX										F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
201 East Tenth Street										B Marcus Hook										PA										19061										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									

X. EMISSIONS ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N N/A										9 P N/A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U N/A										9 N/A (specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R N/A										9 N/A (specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Industrial wastws, both liquid and semi-solid are picked up from an originator (manufacturer or user) and transported to an enclosed facility for treatment. After treatment the waste is transported by a certified hauler to a certified disposal area. Some liquid solvents are taken to solvent recovery facilities.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Lewis Maslow, CEO	<i>Lewis Maslow</i>	8/20/82

COMMENTS FOR OFFICIAL USE ONLY

C

II. FIRST OR REVISED APPLICATION

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 2. NEW FACILITY (Complete item below.)

YR.		MC.		DAY	
8	2	1	2	1	1
73	74	75	76	77	78

☐ 1. FACILITY HAS INTERIM STATUS

N/A

☐ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

AMOUNT — Enter the amount.

UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
TONS	T	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S			T/A			C		
C			1					
1			2			13 14 15		
A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY		
1. AMOUNT (specify)			2. UNIT OF MEASURE (enter code)					
LINE NUMBER	16	17	18	19	20	21	22	23
X-1	S	0	2	600	G			
X-2	T	0	3	20	E			
1	S	0	1	154,000	U			
2	S	0	2	25,000	U			
3	T	0	4	154,000	U			
4								

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Liquid and Semi-solid wastes are picked up from originator and hauled to a enclosed facility for treatment. Treatment will be either physical by addition of vermiculite or chemical for neutralization and solidification. Treated substances are then transported by a certified hauler to a certified disposal area. Some soiled solvents are transported to a solvent recovery facility.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristic and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes. For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WASTE NO. (enter code)										DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
	23	24	25	26			27	28	29	30	31	32	33	34	35				
1	P	0	0	1	11440	T	S01	T	04										
2	P	0	0	1	8800	T	S02	T	01										
3	U	0	0	1	18870	T	S01	T	04										
4	U	0	0	1	14520	T	S02	T	01										
5	K	0	0	2	12580	T	S01	T	04										
6	K	0	0	2	9680	T	S02	T	01										
7	F	0	0	1	14300	T	S01	T	04										
8	F	0	0	1	11000	T	S02	T	01										
9																			
10																			
11					Note:														
12					No Explosives														
13					No nuclear wastes														
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

N / A

A I.D. NO. (enter from page 1)																
S															T/A	C
F																6
1	2												13	14	15	

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
3	9	4	7	0	6	7	5	2	5	0	0
63	66	67	68	69	71	72	74	75	76	77	79

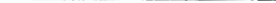
VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
East Coast Chemical Disposal, Inc.																			
3. STREET OR P.O. BOX										4. CITY OR TOWN									
201 East Tenth Street										Marcus Hook									
5. ST.										6. ZIP CODE									
PA										19061									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Lewis Maslow, CEO		8/30/82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Mark Beinant	Mark Beinant	8/23/82

Bldg

Topographical Map of
East Coast Chemical Disposal, Inc.

Bldg

Bldg

Bldg

Bldg

Bldg

Drive

Bldg

Bldg

Bldg

Bldg

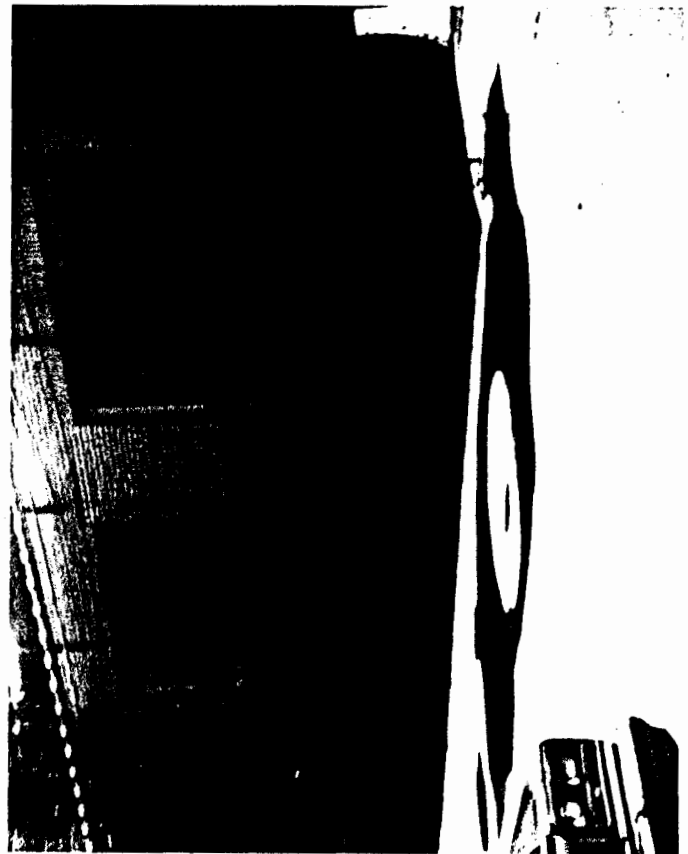
Bldg

Y. Tech
Street

Drive

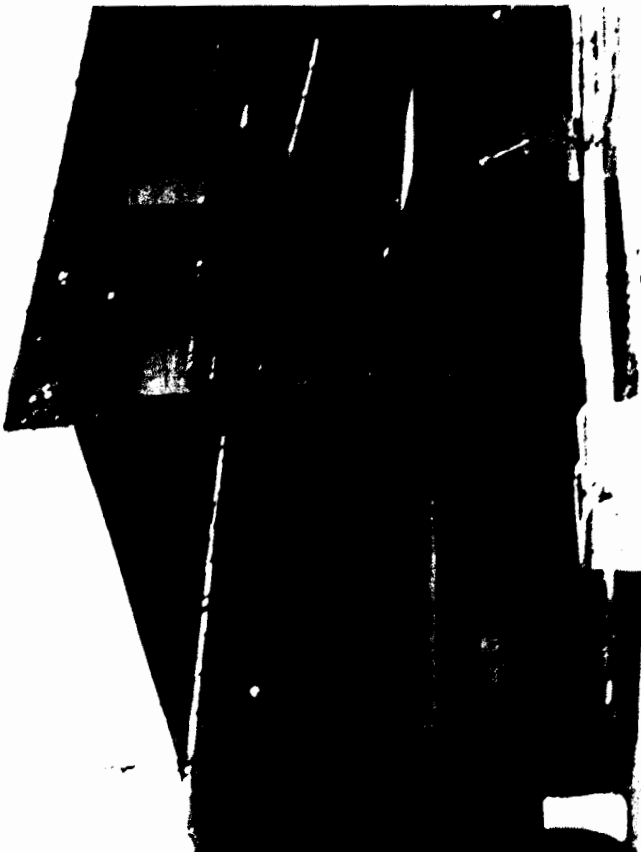
Excavation

0 50 100

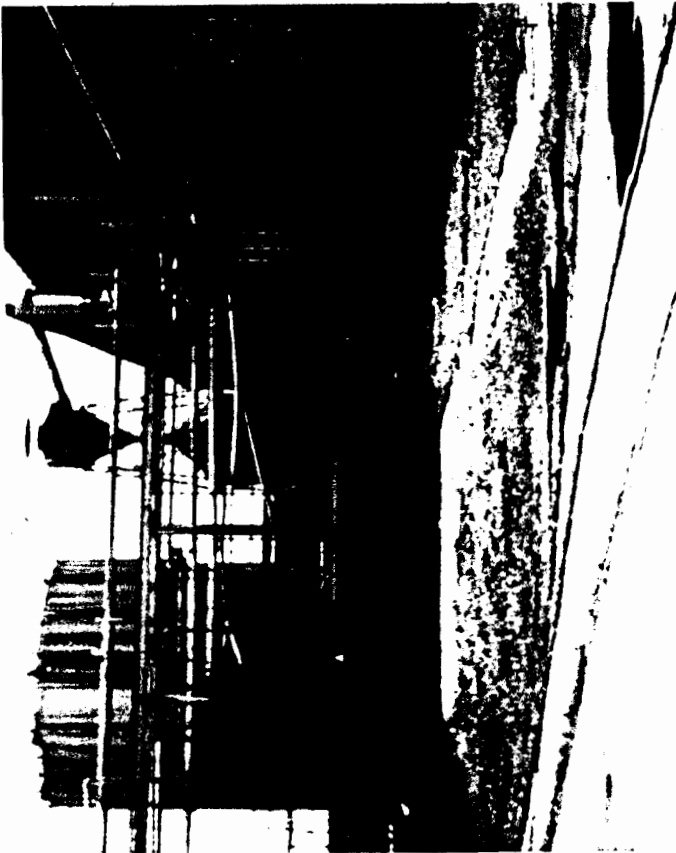


South Side

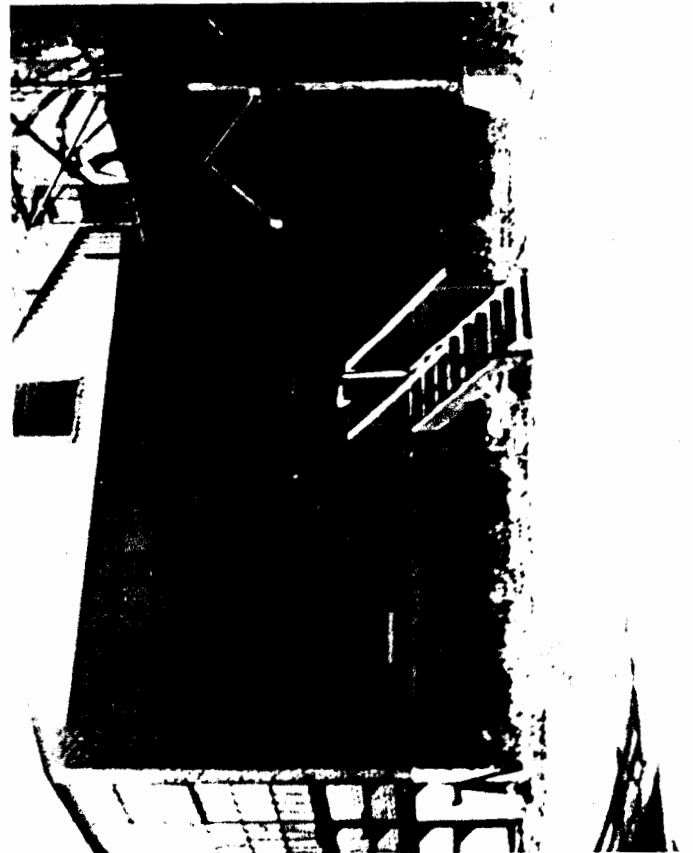




East Side



West Side.

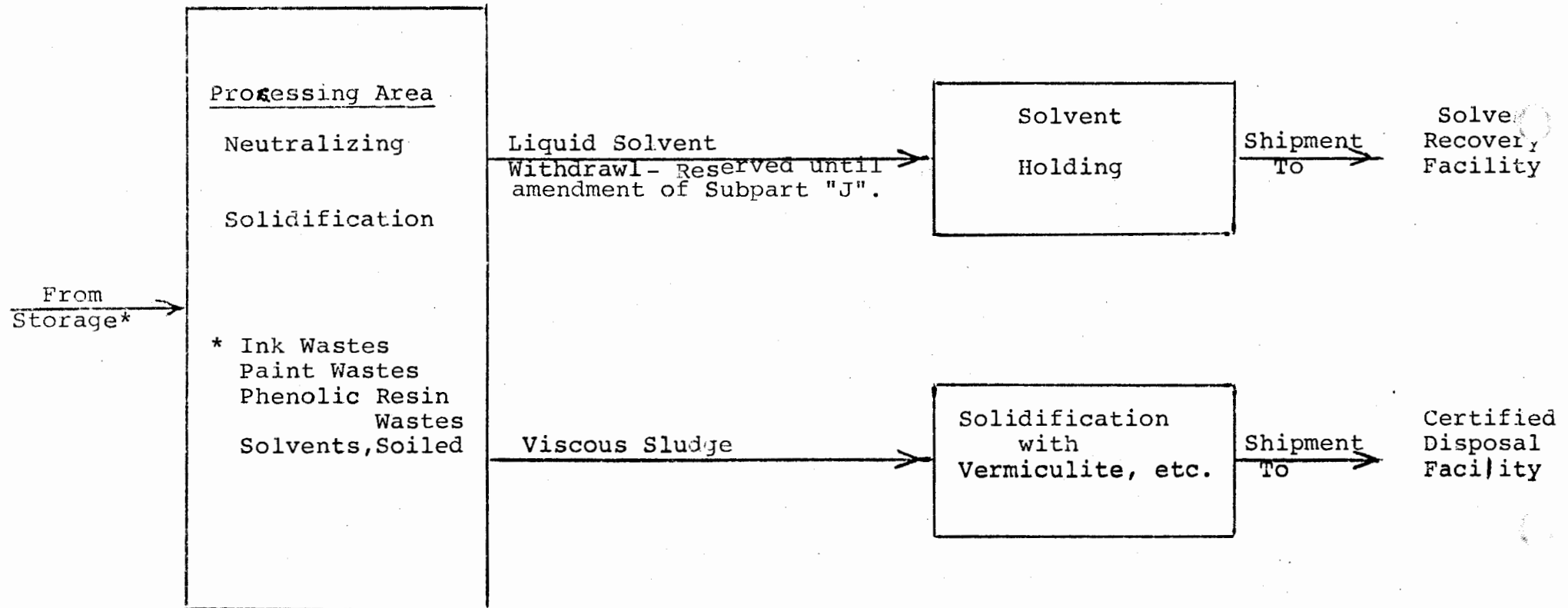




North Side

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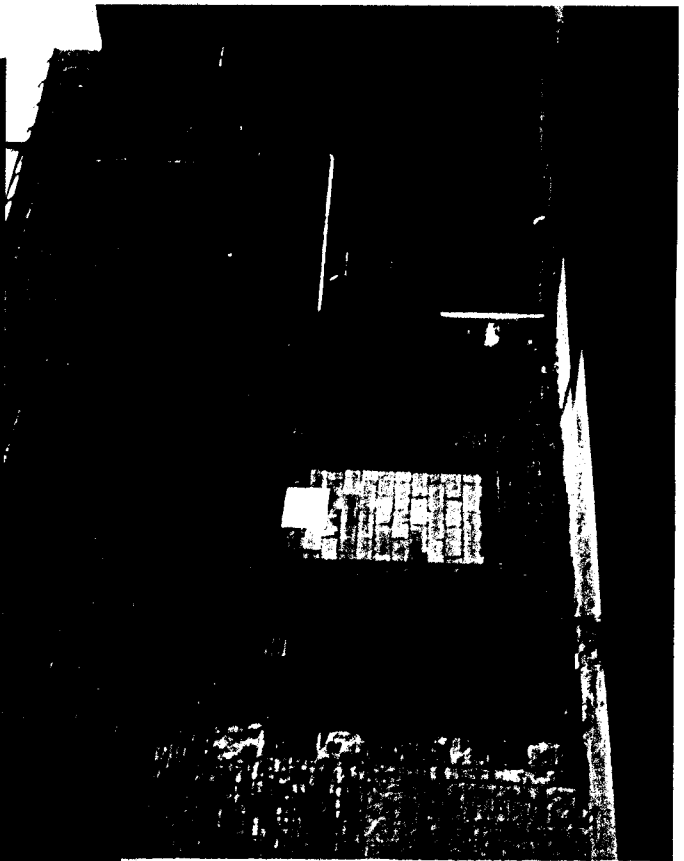
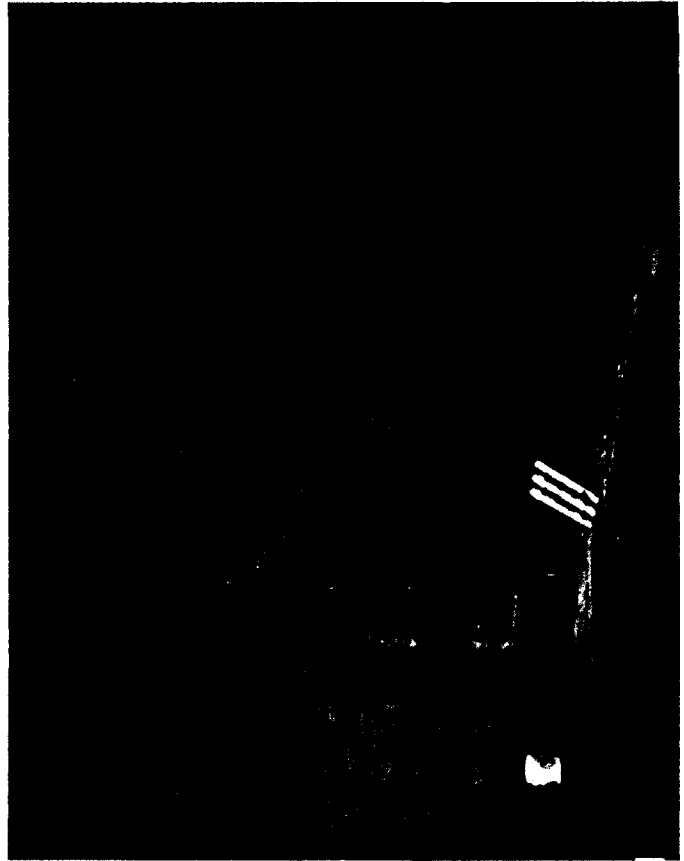


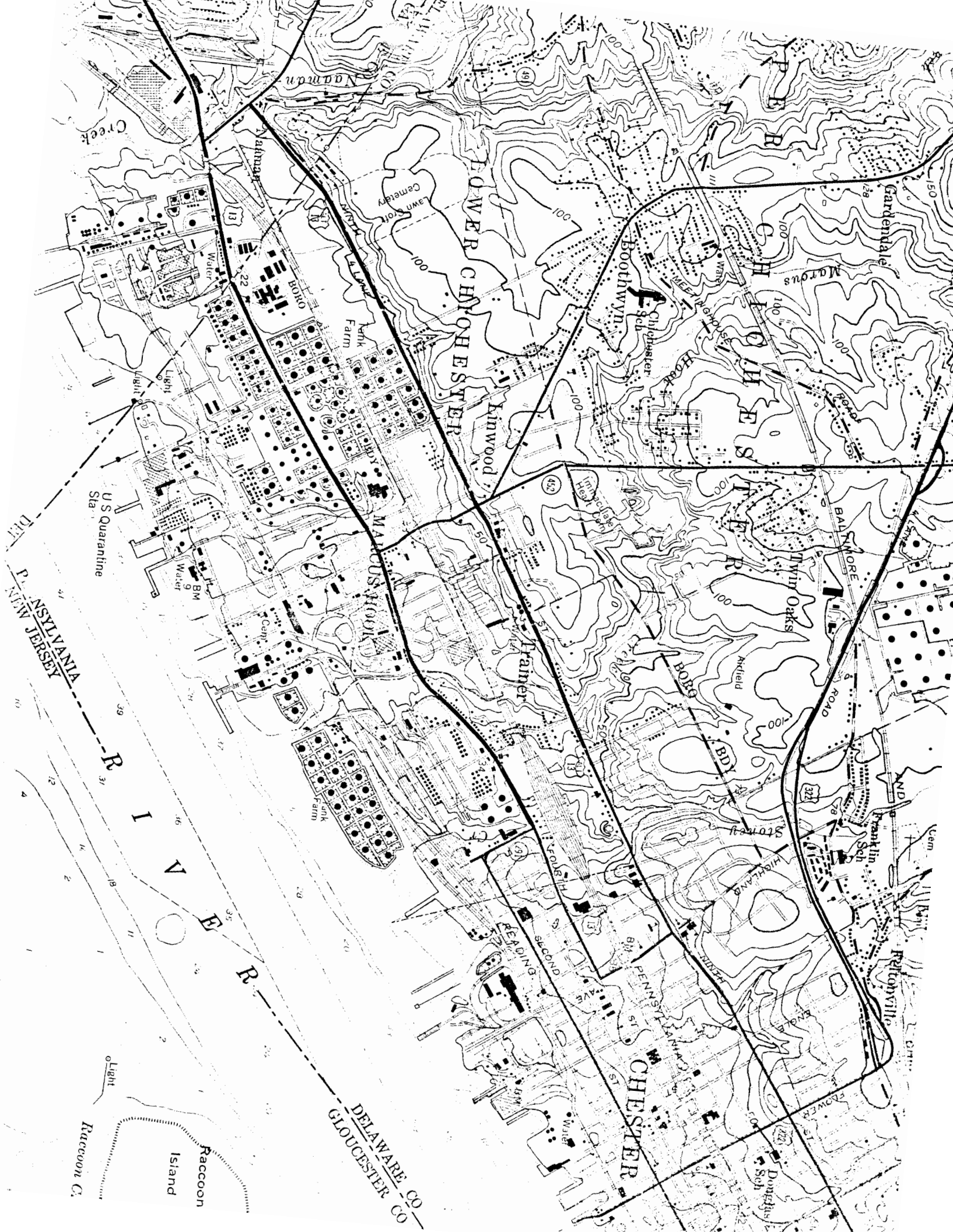
Process Flow Diagram

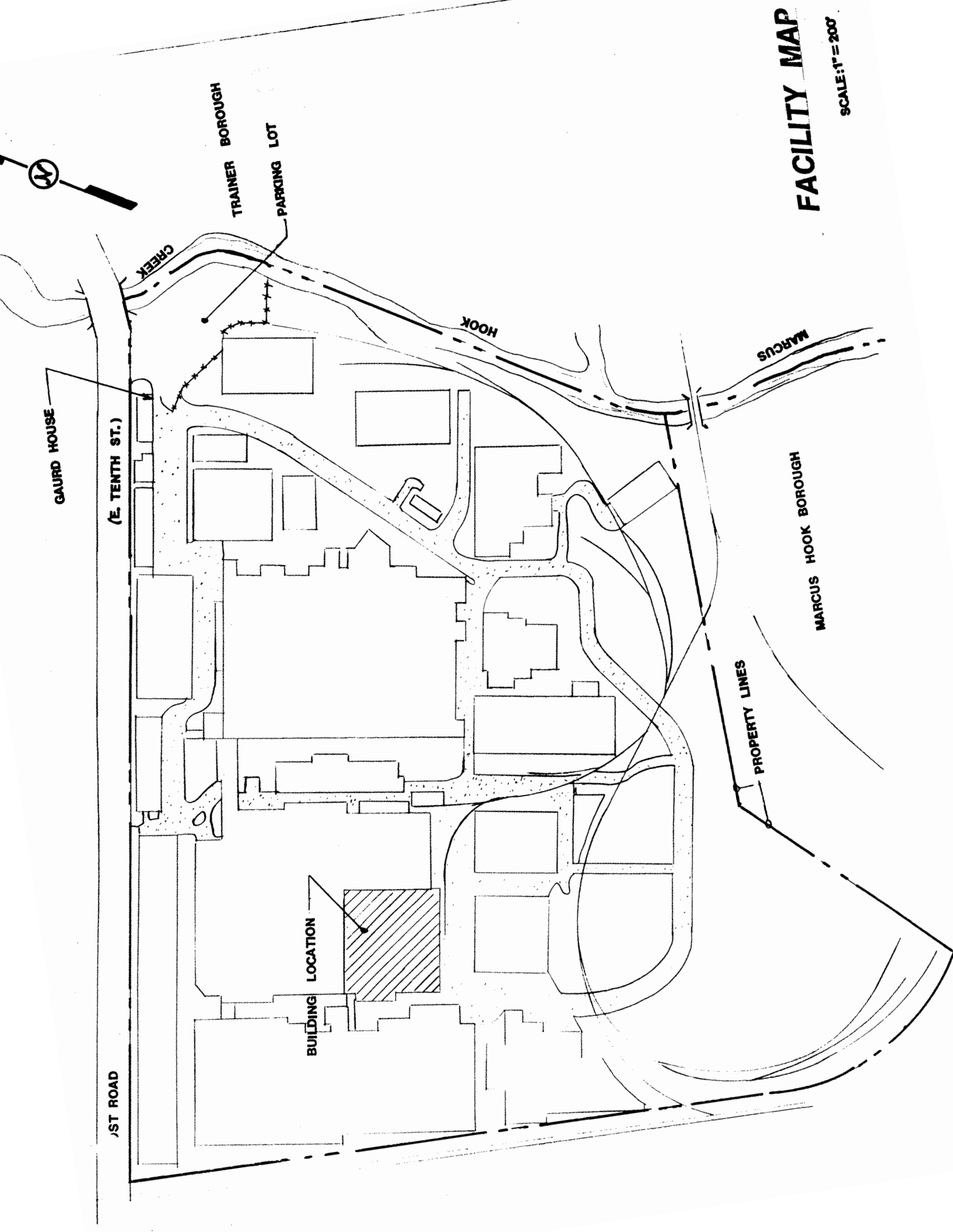
South Side



West Side

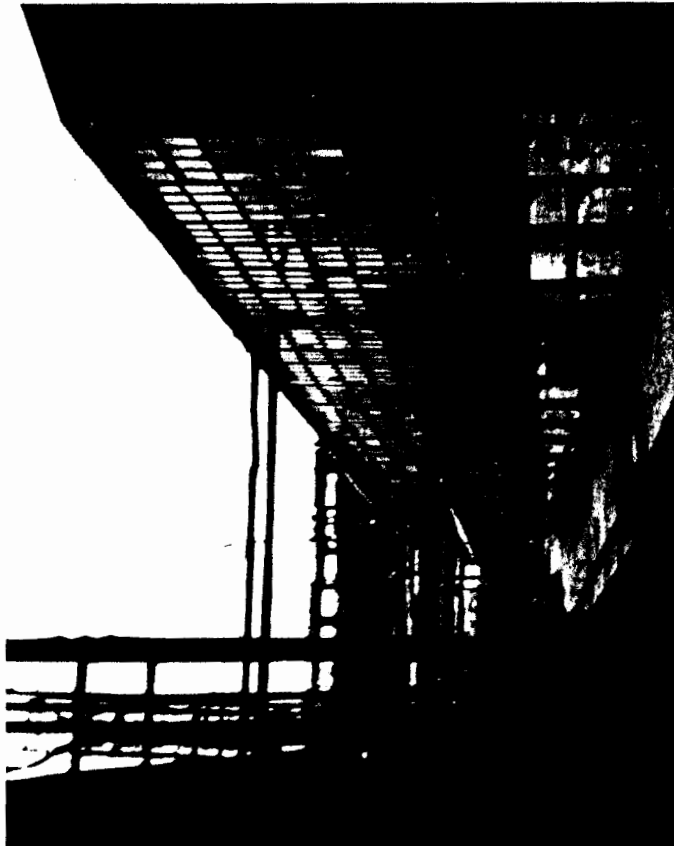






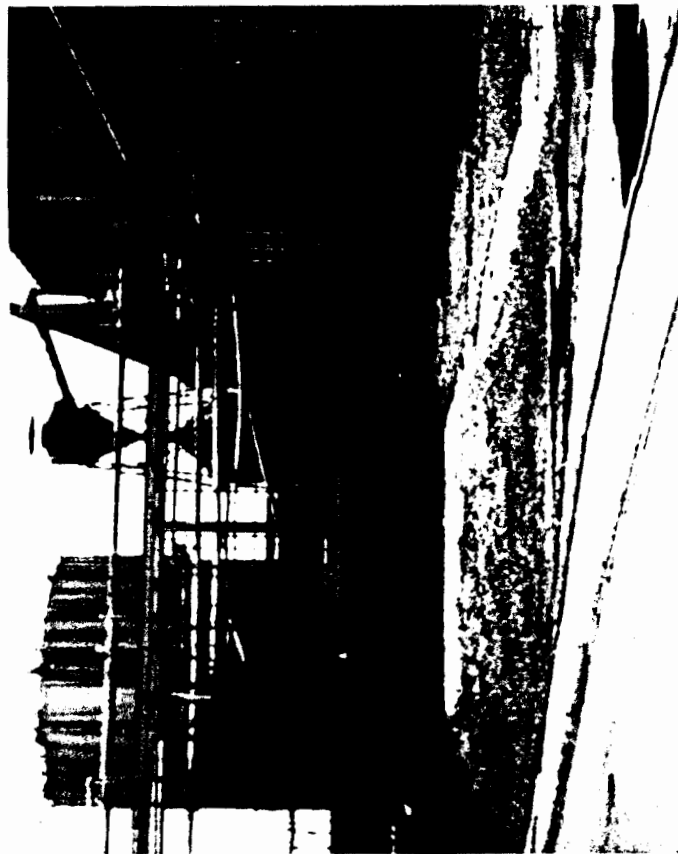
FACILITY MAP

SCALE: 1" = 200'



North Side





West Side